

Amendments to the Specification:

Please replace the paragraph running from page 5, line 27 through page 6, line 9, with the following paragraph:

The top of the body support comprises one or more support pads. Among the support pads may be provided a backpad on which the back of the patient's torso is positioned. Extending along the sides of the backpad are side rails. The side rails rise above the backpad by several inches to provide lateral support to the torso. The backpad is of a width to space the siderails just far enough a part to accept a patients' torso. The close fit of the siderails against the sides of the torso helps to maintain the patient in position, laterally, relative to the body support. The backpad and side rails may be formed from any padding material capable of providing support to the body, such as foam or they may comprise inflatable bladders. Inflatable bladders provide the advantage of being deflated to a lower profile so that the body support may be positioned under an immobilized patient.

Please replace the paragraph running from page 6, line 10 through page 7, line 2, with the following paragraph:

Additionally, at the bottom of the backpad a saddle support pad may be provided that is configured to present an elevated or inclined surface against which the thighs and buttocks of the patient may rest to prevent longitudinal sliding of the patient relative to the body support. Such downward sliding can occur when the patient's head and upper torso is elevated in a hospital bed during meal times, visiting or evaluation by a physician. The saddle presents an inflated profile that is higher than the backpad. The saddle presents a surface against which the lower portion of the body is supported from movement when the upper portion of the body is elevated on an inclined surface. In this manner the saddle operates as a chock to stop the patient's ~~patients~~ body from sliding

downward. In an illustrative example of the body support, the saddle is configured as a turning bladder, presenting an inclined surface to the buttocks and back of the thighs. The saddle also serves to help elevate the sacrum from the patient supporting surface. As with the other support pads, the saddle also may be a static pad, formed from a material such as foam or it may be an inflatable bladder. If inflatable, the saddle may be inflated and deflated in sequence with the left and right inflation bladders to maintain a continuously dynamic rolling motion of the torso so that the base of the sacrum does not touch the patient supporting surface as the left and right bladders alternately inflate and deflate. Also it is noted that the backpad, siderails and saddle need not be separate components, but may be contoured portions of a single component pad, or bladder.

Please replace the paragraph running from page 10, line 23 through page 11, line 4, with the following paragraph:

An advantage of the present invention is its portability and ease of use by a healthcare provider in applying it to a patient regardless of the type of bed the patient is using. FIGS. 1, 2 and 3 show a turning and lifting device 10 configured as a body support 12. Configuring the portable patient turning and lifting device as a body support to cradle the patient's body solves the problem of conveniently securing the means for turning the patient, in relative position between the patient 20 14 and supporting surface 18. In addition to the body support, the patient's body 20 is shown in FIG. 1 being supported by conventional pillows 14 at the head 54 and lower legs 56. The device 10, shown in FIGS. 1-3, provides a suitable configuration for turning and lifting an immobilized patient's torso region to avoid the occurrence of pressure ulcers.

Please replace the paragraph at page 13, from line 3 through line 16, with the following paragraph:

On the bottom 38 of the body support 12 is positioned at least one ~~on~~ turning bladder configured to lift and turn the body support and patient relative to the patient supporting surface 18. Though provision of one bladder is feasible, in preferred embodiment, left and right turning bladders, 30 and 32 are provided that are inflatable to raise and tilt the body support 12 and the patient relative to the patient supporting surface 18 in continuous alternating fashion. Left and right inflation bladders extend along the length of the backpad 24. Though the turning bladders may be any shape capable of lifting the body support from the patient supporting surface, a turning bladder shape is preferred. Each turning bladder has a triangular cross-section and extends one-half the width of the bottom 38 of the body support. In the illustrative example, shown in FIGS. 1-3F, the cross-sectional shape of the turning bladders are a 30, 60, 90 triangle in which the perpendicular edge 40 of the triangle rests on the patient supporting surface 10 and the hypotenuse 42 of the triangle is joined to the underside 38 of the body support.

Please replace the paragraph at page 14, from line 9 through line 13, with the following paragraph:

FIG. 3E shows a sectional view of the body support 12 taken along the line E-E of FIG. 3. Along this line, the turning bladders 30 and 32 begin to extend away from the bottom surface 38. In FIG. 3F, taken along the line F-F of FIG. 3, the inflated turning bladders are at their ~~there~~ maximum extent away from bottom surface 38 as measured their 90 degree angle edge 40.

Please replace the paragraph running from page 14, line 20 to page 15, line 7, with the following paragraph:

Inflatable turning bladders 30 and 32 may be configured to be in fluid communication with each other to permit smooth corresponding filling of one bladder

while the other deflates to turn the patient. The support pad 16 components
~~components~~ 16, such as backpad 24, siderails 26 and saddle 28, can also be made to be in
fluid communication with each other and with turning bladders 30 and 32 to permit
shared use of pressure pumps. The bladders communicate through internal passageways
(not shown) formed through adjoining surfaces of the bladders or through external
pressure lines, though the inflation pressures and cycles of the individual bladders need
not be wholly dependent on each other. Check valves may be installed in the
passageways to permit initial filling of a bladder but prevent overfilling or outflow of
fluid under the weight of the patient. After initial filling of all the body support bladders,
flow from backpad 24, which receives the weight of the patient's torso is discontinued
from siderails 26 and saddle 28 via check valve, so that fluid is not disproportionately
transferred to those bladders. However, after initial filling fluid may still be transferred
from the saddle 28 to the siderails 26. Side rails also have check valves to prevent
outflow of fluid in order to remain inflated at all times during use.

Please replace the paragraph running from page 25, line 25 to page 26, line 10, with the
following paragraph:

In addition fluid pumps 120 and 122, can be sequenced by the controller 126
inflate all inflation bladders to lift the patient from the patient supporting surface. This
lift feature facilitates administration of routine patient care such as toileting and bathing,
etc. etc. The full inflate sequence can be initiated at any time by the user by operation
switch 162 on the pump controller 126. The full inflate sequence will immediately
operate to inflate all bladders in the fluid pressure circuit. As shown in FIG. 7, the full
inflate sequence energizes pumps 120 and 122 in fluid communication with the left and
right fluid circuits 134 and 136, permitting the full inflate sequence to pressurize the left
and right fluid circuits 134 and 136 at any time during operation of the pump system 80.
After use of the full inflate sequence, the pump system can be returned to normal
operation by releasing the pressure fluid circuits 134 and 136 through the solenoid valves

148 and 150 so that pressure lines 166 and 168 to bladders 30 and 32 once again can be sequentially inflated by left and right fluid pumps 120 and 122.